

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/550604</div>	FILING DATE
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3	1		1				53	
4		1		1			54	
5		2		1			55	
6		3		1			56	
7		4		1			57	
8		5		1			58	
9		6		1			59	
10		7		1			60	
11		8		1			61	
12		9		1			62	
13		10		1			63	
14		11		1			64	
15		12		1			65	
16		13		1			66	
17		14		1			67	
18		15		1			68	
19							69	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.	↓
TOTAL DEP.	15	←	5	←		←	TOTAL DEP.	←
TOTAL CLAIMS	17		17				TOTAL CLAIMS	